Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

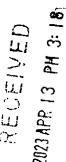
From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_



FLORIDA LIMITED LIABILITY CO. 4871 NW 192 St LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00



To: 18506176381 From: 14693173436 Date: 04/13/23 Time: 5:21 PM Page: 02/03

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ARTICLE I - Name:		
The name of the Limited Liabili	ty Company is:	
4871 NW 192 St.L	C	
		lity Company, "L.L.C.," or "LLC.")
RTICLE 11 - Address:		, i p , , i i i i i i i i i i i i i i i
	iddress of the principal office	of the Limited Liability Company is:
		, , ,
<u>Princip</u>	on Office Address:	Mailing Address:
9370 SW 72nd St		9370 SW 72nd St
Ste 106		Ste 106
Miami. FL, 33173		Miami, FL, 33173
<u></u>		
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an	y cannot serve as its own Regi active Florida registration.)	stered Agent. You must designate an individual or
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an	y cannot serve as its own Regi active Florida registration.) address of the registered ager	stered Agent. You must designate an individual or
ARTICLE III - Registered Ag	y cannot serve as its own Regi active Florida registration.)	stered Agent. You must designate an individual or
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an	y cannot serve as its own Regi active Florida registration.) address of the registered ages Maurice Fletcher	stered Agent. You must designate an individual or nt arc:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

<u>Miami</u>

City

FL

State

Registered Agent's Signature (REQUIRED)

33173

Zip

(CONTINUED)

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To: 18506176381 From: 14693173436 Date: 04/13/23 Time: 5:21 PM Page: 03/03

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MGR" = Manager AMBR Maurice Fletches 9370 SW 72nd St, Ste 106 Miami, FL, 33173	
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Minmi, FL, 33173	-
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of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not i ment's effective date on the Department of State's records.	it be liste
JE VI: Other provisions, if any.	
PEOLIDED SIGNATURE.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Maurrel Tutum. Signature of a member or an authorized representative of a member.	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	20
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.	2023
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